

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177
Registered No. 276

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI No. 3403 Loomis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aureliano Sandoval
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 16 1931</u> Month Day Year
5. No., in order of birth.				

8. **FATHER**
Full name Regis Sandoval

9. Residence MIAMI, ARIZONA
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Surface Laborer
Nature of industry Copper mine

14. **MOTHER**
Full maiden name Solidad Sandoval

15. Residence MIAMI, ARIZONA
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>9</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 p.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature F. F. Miller

Given name added from a supplemental report.

F. F. MILLER, M. D. (Physician or midwife).

Address MIAMI, ARIZONA

123-616-223
Month, day, year
Registrar

July 8, 1931
Registrar